con guitare! Minatal 5 Series 2 to a a cours | Con. M. Reist cat CACC-27-012 SUMING ARMIC 10.1906 ST. Tomos Caucrette Wester Litt. Salvyne ACCORNE LATTINGLEY LIMITORN, INCHESION CANALANT

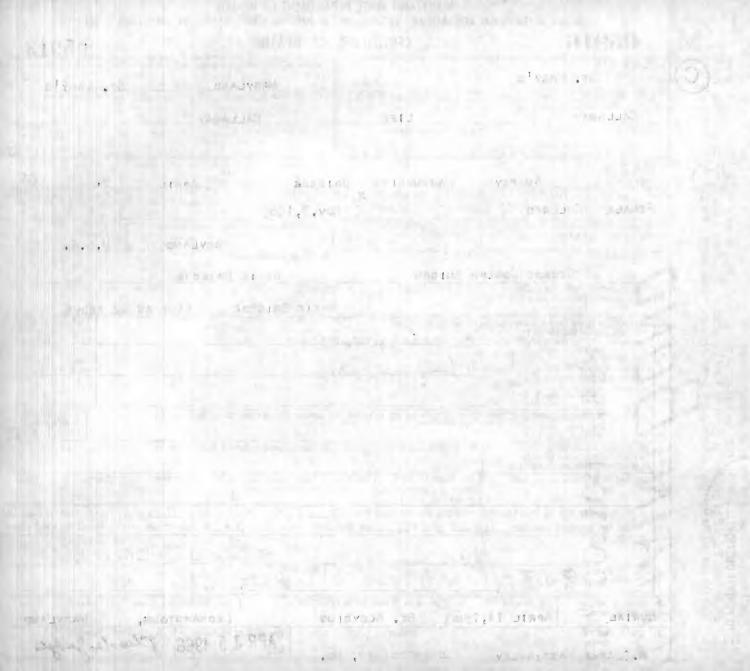
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Loveville d. STREET ADDRESS IS RESIDENCE ON A FARM? NO completely i Marys Hospital YES Rural executed within NAME OF Middle Last DATE Month Day 4. Year and complet remove carb any event, v DECEASED (Type or print) DEATH DANIEL JEFFERSON BOWLES April 5. SEX 6. COLOR OR RACE ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED male WIDOWED DIVORCED [1906 white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT cian þe INDUSTRY COUNTRY? O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. FATHER'S NAME Farming Maryland TISA MOTHER'S MAIDEN NAME attending rem William Rena Lassiter ed by the attend transit permit. cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) Mary E. Bowles -18. CAUSE OF BEATH [Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c).] ONSET AND DEATH certificate has been signed by hed for use as the burial-transi t. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 min Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating 0 underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T 203. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR: After this certification of the State Dept. of I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1963 FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (!) (this hospital) attended the deceased from and that death occurred at P. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type Fenwic Leonardtown, Maryland BURIAL, CREMATION, 23b. REMDYAL (Specify) Burial DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 6 66 St. Joseph Cem. Morganza, Maryland ADDRESS 24. FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE Robinson Leonardtown. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05916 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death, filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE ST. MARY'S b. COUNTY MARYLAND ST. MARY 6 papers. Pages thin 72 hours aft b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) CALLAWAY LIFE CALLAWAY d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO V 3. NAME OF Middle 4. DATE Last Manth Day Year DECEASED 19 66 (Type or print AUDREY DEATH APRIL MARGUERITE BRISCOE 9. AGE (In years IF UNDER 24 HRS. and camp S SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remave, last birthdoy) Months Days Hours FEMALE COLORED Nov. 3. 1965 and in any WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? signed by the attending physician burial-transit permit. Then please U.S.A MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, GEORGE JOSEPH EDISON KATIE BRISCOE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 KATIE BRISCOE SAME AS #2 ABOVE crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY INSETSAND DEATH IMMEDIATE CAUSE (a) physician. DUE TO burial, Canditians, if any, which gave rise to immediate cause (a). DUE TO attending | stating the underlying cause prior to the has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS) PERFORMED? CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate for O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. Not While factory, street, affice blda., etc.) at work at wark 21. I certify that (1) (this hospital) attended the deceased from and a 9, 1966, that (1) (we) last should saw the deceased alive on. and that death accurred of 7 & M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) APRIL 11.1966 ST. ALOYSIUS LEONARDTOWN. MARYLAND ADDRESS BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 W. CLARKE MATTINGLEY LEGNARDIOWN. MO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY by the f Pages 1 irs after ST. MARY'S MARYLAND PRINCE GEORGE b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours LEGNARDTOWN BRANDYWINE .5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? we carbon pap event, within 7 ST. MARY'S HOSPITAL NO Y YES etely executed within 3. NAME OF Middle Last DATE Month Year DECEASED DF DEATH (Type or print) 19 66 ALENE CAYWOOD APRIL AGE (In years | IF UNDER 1 YEAR Temove 6. COLOR OR RACE DATE OF BIRTH IFUNDER 24 HRS 7. MARRIED YY NEVER MARRIED last birthday) Months I Days Hours WIDOWED [DIVORCED FEMALE FEB. 23. 1918 WHITE attending physician a ermit. Then please ve on, or removal and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? HOUSE WIFE U.S.A MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JODY QUADE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? FRANCES WILLIAMS 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the attens the burial-transit permit, for to burial, cremation, or (Yes, no, or unknwn) | (If yes give war or dates of service) SAME AS # 2 ABOVE NONE EVANS CAYWOOD CAUSE OF DEATH [Enter only one cause per line for (a)4 (b), and (c). } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has as pric CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate han hed for use a tr. of Health p PERFORMED? YES NO T 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 pr Part II of Item 18.) this certif detached for Dept. of I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) be deta factory, street, office bldg., etc.) Hour a.m. While Not While After OR ATTENDING be retained by at work at work D 21. I certify that (I) (this hospital) attended the deceased from 1966 DIRECTOR: age 3 should iled with the saw the deceased alive on 19.66, and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF Page 4 may 1 M.D. DIRECTOR PHYS. director, pag should be file FUNERAL 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) LEON W. BERUBE M. D. MECHANICSVILLE, MARYLAND BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9 16, 1966 APRIL CHRIST CHURCH CEMETERY CHAPTICO. MARYLAND FUNERAL DIRECTOR ADDRESS A15 (4) W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE 1/65

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1 XD	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05918 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()5915
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
(M)	a. COUNTY St. Marys MARYLANO 8. STATE Maryland b. COUNTY St. Marys
essary, the funeral 5 may be Department	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
the funer 5 may be be partmeter dept	Piner Peint Valley Lee /8-/
Dep afte	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIOENCE ON A FARM?
- Ind (0) in a	Rural Rural YES X NO
delay and 3 tags. Pag. Pag. Pag. Pag. Pag. Pag. Pag. Pag	3. NAME OF First Middle Last 4. DATE Month Oay Year OF
EV. \$ #1/	(Type or print) GEORGE IGNATIUS CECIL BEATH April 20 19 66
h. If a	last birthday) Months Oays Hours Min.
	male white WIDOWED DIVORCED 3/21/1907 59 yrs. 10s. USUAL OCCUPATION (Give kind of work done 1Db. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ive dea	during most of working life, even if retired) INDUSTRY COUNTRY?
8. Glong long amy	Farming Farm Owner Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
21.0	
24 hou ltem Office Office , and	George B. Cecil (dec) Annie M. Raley (dec) 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service)
ed within in pencil xaminer's it permit or remove	I 18. CALISE DE DEATH L'Enter only one cause per line for (a) (b) and (c) ?
uted within Examiner's Examiner's sif permit. or removal	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH TOTAL Thorsonia Reministration of Comments ONSET AND DEATH
2 m _ m c	9/2/ DUE TO
be exe pendin Medica urial-tr ematio	Conditions, If any, which (b)
Me Dur	gave rise to immediate cause (a), stating the COUE TO
houl ord ord shiet sa	underlying cause last. (c)
EXAMINER: This certificate should certificate, writing the word "I toold be forwarded to the Chief Mes. R. Page 3 should be used as a biggrated agent, prior to burial, cri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Was autopsy Performed? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DISEASE CONDITION GIVEN IN PART 1(a) YES DISEASE CONDITION GIVEN GIVE
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form form	Hour erms While Not While factory, street, office bldg., etc.)
the certificates the certificates the certificates to the should be in files.	21 Legify that I took charge of the remains described above, held an Autopsy , inspection X, inquiry X, and in my opinion
the cert should r files. CTOR: Pa designati	21. I certify that I took charge of the remains described above, held an Autopsy, inspection X_, inquiry X_, and in my opinion death resulted from:Natural causes, Accident X_, Suicide, Homicide, Undetermined manner
THE PERSON	CHIEF MEDICAL EXAMINER
E 0 E E S	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. CATE SIGNED
2000	OEPUTY MEDICAL EXAMINER X 4/21/66
	EXAMINER'S NAME (Type) Wm. D. Boyd, M.D. Leonardsteinijy, Mary Land
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 0	Burial 4/33/66 St. George's Cemetery Valley Lee, Maryland
VR AISME (S)	AND
5M 1/65	P.B. Robinson - Leonardtown, Maryland OATAPR 25 1968 Thomas Judge

HITTER ALL HEATH BEEN landers stored out you sub-May . The state of the s t lev ev the second secon MARKET CONTRACTOR OF THE STATE THE STATE OF THE PARTY OF THE P

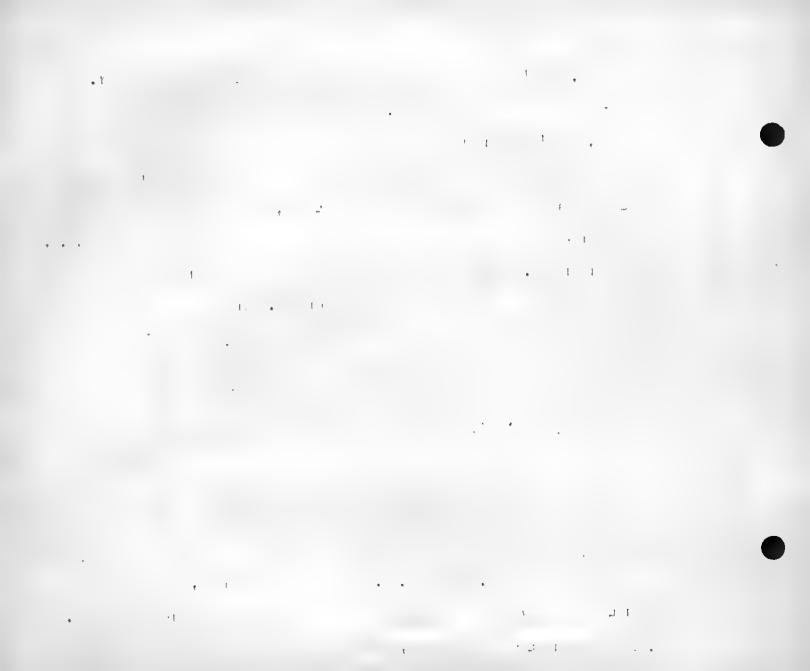
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland St. Marys hours after St. Marys MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b life Ridge = Ridge papers. n 72 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE filled ON A FARM? YES X NO Rural Rural executed within completely NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF DEATH 19 66 (Type or print) eve me REGINA DEAN April MILDRED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y 8. DATE OF BIRTH remove and and in any WIDOWED DIVORGED (10/27/1949 16 female white 12. CITIZEN OF WHA 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA Maryland none 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal. attending phermit. Then Frances R. Wise Frank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address After this certificate has been signed by the attent be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or (Yes. no. or unkown) | (If yes nive war or dates of service) Frank W. Dean - same as no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO IZ YES -208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (State) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) TIME OF INJURY Month, Day, Year TO HOSFILM Bay be retained to FUNERAL DIRECTOR: After the director, page 3 should be defined by the State F factory, street, office bldg., etc. Hour a.m. While Not While 19 at work at work 21. I certify that (1) (this hospital) attended the deceased from that (i) (we) last D1966 and that death occurred at 10 A.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING PHYS. X 4/21/66 DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) P.J. Bean Great Mills, Maryland 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOI REMOYAL (Specify) St. Michaels Cemetery Ridge, Maryland Buria 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL 25a. VR A15 (4) Robinson - Leonardtown, Maryland 15M 4-64



1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# E0	U5920 CERTIFICATE OF DEATH (5917)
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
5 a 5	ST. MARY 8 MARYLAND ST. MARY 8
rs after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours d in by rs. Par	LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
ithin 24 hours yeely filled in by bon papers. Pag within 72 hours	ST. MARY B HOSPITAL YES NO X
uted within completely to carbon present, within	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF
omple cart,	(Type or print) MARGUERITE ABELL DUKE DEATH APRIL 25, 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNOER 1/EAR IFUNOER 2/4 Hrs.
executed and com	last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
e be sician lease and in	SECTERARY BANK LEONARDTOWN. MARYLAND U.S.A.
Teate be e physician : n please r wal, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica iding ph Then removal	ENOCH BOOTH ABELL KATHERINE CAMALIER
eath certiffe attending p ermit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
death c ne atten permit. Lion, or	216-14-3290 CLINTON B. DUKE LEONARDTOWN, MARYLAND
maj t	PART I. DEATH WAS CAUSED BY:
hat the ician. eed by t -transit i, crema	IMMEDIATE CAUSE (a) USA NECESSARIA O PER CONTROL O PER CON
requires that the nding physician. been signed by the buria-transit or to buriah, crema	Conditions, If any, which I Due To Christian Acres
requires ding phy been sig the buri	gave rise to immediate (10)
aw reconstruction in the second in the secon	underlying cause last. (c)
e law atten e has se as th prid	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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HYSICIAN: The law requires that the hospital or attending physician, th's certificate has been signed by letached for use as the burial-trans. Dept. of Health prior to burial, cre	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ez ≥ 0 0 to	Hour a.m. While Not While p.m. 19 at work at work
ATTENDING retained by ETOR: Aften S should be with the Stai	21. I certify that (I) (this hospital) attended the deceased from 15, 1936, to 4/25, 1966, that (I) (we) last
ETO SHOW	saw the deceased alive on 4/25 1966, and that death occurred at 11PM, from the causes and on the date stated above.
OR be 31RE ed w	Other Steenwell M.D. ATTENDING MED. MED. STAFF D 4/26/46
TAL may	22c. PHYSICIAN'S NAME (Type)
HOSPITAL age 4 may FUNERAL rector, pa	CHARLES GREENWELL M. D. LEONARDTOWN, MARYLAND
TO HOSPITAL OR ATTENDINI Page 4 may be retained b TO FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) APRIL 27.1966 ST. ALOYSIUS LEONARDTOWN. MARYLAND
F = √	BURIAL APRIL 27,1966 ST. ALOYSIUS LEONARDTOWN, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 1 250. REC'D BY REGISTRAR 1 250. REGISTRAR'S SIGNATURE
VD ALE (A)	ADD 0.0 1000 1000 1000
VR AI5 (4) 1 20M 1/65	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND MER 28 1966 Junger

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e all	0592	05918						
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offig.					14. MOTHER'S MAI	UEN NAME		
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de, he a	I 18 PAUSE DE	BEATH [Enter only one c	2000 000		DELINE K.TU	IL/VS/	INTERVAL BETWEEN	
Page 4 may be retained by the hospital or attending plays minn. Fage 4 may be retained by the hospital or attending plays minn. FUNERAL DIRECTOR. After this certificate has been signed by the attending of director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal	Conditions, if gave rise to cause (a), s underlying caus PART II. OTHER TOR CONTRIBUT! (IF EITHER, NO 20c. TIME OF Hour a.r. p.) 21. I certif saw the de 22a. SIGNATU 23a. BURIAL, GREM	Immediate tating the DUE TO see last. (c) SIGNIFICANT CONDITIONS WAS UNCERLYING THE THE TOTAL EXAMINET INJURY Month, Oay, Yearn, YEARN, YEARN, YEARN, YEARN, YEARN, YEARN, YEA	CONTRIGION	ed the deceased from 4 19 Chand that M. M. M. M. M. D. M. D. M. D. M. D. M. D. M. M. D. M. M. M. D. M.	DRRED. (Enter natife of the control	farm, 20f. (City or town)	(County) (State) (County) (State) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State)	
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= (M)	05922 CERTIFICATE OF DEATH A5010
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rs afte by the Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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	ST. MARYS HOSPITAL RT.1 BOX 229
within pletely alon print, within	3. NAME DF First Middle Last 4. DATE Month Day Year
a de la contraction de la cont	Gype or print BERNARD XAVIER FERGUSON JR. DEATH APRIL 7 19 66
executed with and completed with and completed in any errent,	MARKED AND AND AND AND AND AND AND AND AND AN
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nding Tem	BERNARD XAVIER FERGUSON SR. ESSIE MARIE PAYNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address
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	TES WW II 217 18 7973 MRS.AGNES E.FERGUSON SAME AS #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1
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ATTENDING retained by mITOM: After Should be with the State	21. I certify that (I) (this hospital) attended the deceased from 4-7, 1906, to 4-7-, 1906, that (I) (we) la
ATT reta reta mith with	saw the deceased alive on 4 - 1 - 6 to 19 , and that death occurred at 10 24 Mon the causes and on the date stated above 22a. SIGNATURE 1 22b. DATE SIGNED
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TO HOSPITAL OR ATTEN Page 4 may be retaine I FINERAL DIMENTOR: director, page 3 shoul should be filed with th	WM.H.PATRICK M.D. LEXINGTON PARK, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State)
5	BURIAL (Specify) 4/12/66 ST. JOHNS CEMETERY HOLLYWOOD. MARYLAND
11	24. EMESAL DE 258. RECIO BY RECISTRAR 256. REGISTRAR'S SIGNATURE
VR ALS (4) 7 20M 1/65	P.B. ROBINSON - LEONARDTOWN, MARYLAND BER 11 1966 Johnson Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY St. Marys
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland **MARYLAND** c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours .⊆ Indian Head Leonard town filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Marvs Nurseing Home Rural NOK pletely carbon p within Middle Last 4. DATE Month Year DECEASED DF (Type or print) DEATH Gertrude GREGOVSKY April 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours female white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) DIVORCED [1892 physician n please 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Housewife Domestic Virginia death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending ph the burial-transit permit. Then or to burial, cremation, or removal Wm. Joseph Ambrose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((fyesgive war or dates of service) dec Marie F. Jenkins dec 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Marie Clements - California. 579 32 9267 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? neus a YES 🗔 NO Z 5 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING THE After this certifit to detached for State Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9.20 PM, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED **8** 8 director, page 3 should be filed v MED. DIRECTOR STAFF O HOSPITAL TO FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) Bean Great Mills. Marvland 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REG'D BY REGISTRAR | 25b. RE Arlington National VR A15 (4) Lison 20M 1/65



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	- =~			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CERTIFICATE OF DEATH	15921
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	r within upletely carbon part, within		3.	NAME OF DECEASED (Type or print) / W. man Commodas Hancock OF DEATH Abric	29, 1966
			5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER Months) Months	
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			13,	FATHER'S NAME TO 14 MOTHER'S MAJOEN NAME	7 /
	certi nding		1:5	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT / Address //	70m ps6h
	IAN: The law requires that the death certificate pital or attending physician. Prificate has been signed by the attending physiciate has been signed by the attending physic for the burial-transit permit. Then ple of from the plurial cremation or removal.		(Ye	s, pq. of unknown) (If yes give war or dates of service) 217-367481 Carroll Hancock, H	ughes orta
	he de y the sit pe			18. CAUSE OF DEATH (Enter only one cause per, line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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	L OR ATTENI y be retaine DIRECTOR: age 3 should			22a. SIGNATURE OF THE M.D. ATTENDING MED. STAFF 22b. D M.D. PHYS. HED. DIRECTOR PHYS. 4/	29/66
	=			22c. PHYSICIANS TO PCY Guyther M. D. Mechanicsville, M	id.
	TO HOSPIT Page 4 m TO FUNERA director, should be	P	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con PREMOVAL (Specify) 7 342 1966 (C) (d. Fields)	unty) (State)
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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e funeral and 2 cer death.	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
s. Pages 1 hours after	ST. MARY S MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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Y	3. NAME OF FIRST MIDDLE LEST 4. DATE Month Oay Year OF COMPANY OF THE COMPANY OF
	5. SEX 6. COLOR OR RACE 7. MARRIEO 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Oays Hours Min.
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	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
	GEORGE CLAUDE ABELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service) MRS LEILA C. ABELL SAME AS # 2 ABOVE
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO!
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	21. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased alive on Clauding and that death occurred at 121M, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. ATTENDING MED. PHYS. 22b. DATE SIGNED ATTENDING MED. PHYS. 22c. PHYSICIAN'S NAME (Type) P. J. BEAN M. D. GREAT MILLS. MARYLAND
P	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BURIAL 23. 1966 ST. J. HNS ADDRESS O 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DAPR 22 1966 Charles Judge



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forv	ಬ ಪ್ರತಿ	MEDICAL	Hour B.M		While		actory, street, office blo		y 51 (51117)	oounty,	(Otato)
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Should	CTOR: Pag Lesignate		death resulte	ed from: Na	atural causes 🛚 🗓	, Accident ,	,		ndetermined mann	er	
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DEPUT please e director.	FUNERAL Funeral Funeral		NAME (Type)		BOYD M.D.	L DOO NAME OF OTHER		Street, city, town, or	TION (City, town or		(State)
plea			REMOVAL (Spe		DATE THEREOF		TERY OR CREMATORY				(3(416)
=	= 00		BURIAL DIKE	CIOR	201,66	ST.MICHA ADDRESS	ELS CEMETER!		IDGE MARYI. RARÎ 256. REGISTR		HRE
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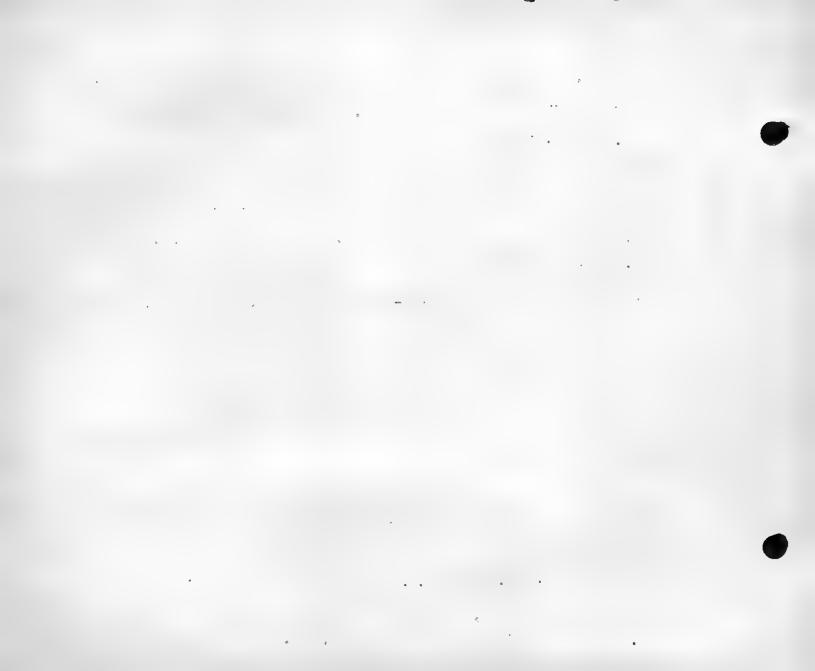


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05927CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after St. Marys Maryland MARYLAND Pages City OR TOWN (if putside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1 þ Leonard town
d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) .Ξ St. Marys City filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? within 72 24 St. Marvs Hospital YES Y NO Rural within letely carbon 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED event comple (Type or print) MARGARET DEATH 1966 HASTING LANCASTER 16 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove SEX 8. DATE OF BIRTH 9. in amy white WIDOWED female OIVORCED [38 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician in please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT þe INDUSTRY COUNTRY? and Housewife Domestic Pennsylvania USA death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending primit. Then E. Goorge E. Has
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Hasting dec Catherine McNulty dec 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. cremation, or r (Yes, no, or unkown) | (If yes give war or dates of service) 16 Thomas Lancaster - same as # 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the transit ONSET AND DEAT 4 PART I. DEATH WAS CAUSED BY: attending physician. signed IMMEDIATE CAUSE (a) been signed the burial-t **DUE TO** Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. has 93 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate retained by the hospital or YES NO I PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [] DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) tached f this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) be de State RECTOR: After 3 should be d with the State Hour a.m. While Not Wille OR ATTENDING I p.m. at work at/wor 21. I certify that decdased from and that death occurred at 11 2 saw the deceased ve on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING K 100 page DIRECTOR 4 may O HOSPITAL FUNERAL PHYSICIAN'S ADDRESS director, p should be NAME (Type) ames P. Jarboa M.D. Great Mills. Maryland BURIAL, CREMATION DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 23b. (State) REMOVAL (Specify) Buria St. Michaels Cemetery Ridge Maryland **ADDRESS** REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) mson - Leonardtown, Maryland 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05928 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY h COHNTY ST. MARY 8 MARYLAND CHARLES MARYLAND b CITY OR TOWN (If autside corporate irmits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) papers. Pagi hin 72 hours o write RURAL and give nearest tawn)
LEONARDTOWN HUGHESVILLE campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? ST. MARY & HOSPITAL YES NO X 3 NAME OF Middle in any event, w.) First Lost 4 DATE Month Day Year DECEASED 19 66 MILLS ALOYSIUS MELBON APRIL Type or print) DEATH tua/ IF UNDER I YEAR SEX 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Hours Dovs WHITE WIDOWED MALE DIVORCED JAN. 2, 1890 physician and 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired)
FARMING INDUSTRY COUNTRY? en please and MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Address -transit permit. , crematian, ar re MARY CATHERINE HARRIS HUGHESVILLE. MARYLAND 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) INTERVAL BETWEEN the signed by the burnal-transit p PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** mite burial Canditions, if any, which gove rise to immediate couse (o), DUE TO attending p stating the underlying couse as the priorta O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health 1 YES 🗔 NO Page 4 may be retained by the haspital or ō DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 70a ACCIDENT WAS HINDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. Not While factory, street, office bldg, etc.) 19 at wark 90 21. 1 certify that (1) (this haspital) attended the deceased fram 19 that (I) (we) last M, frank causes and an the date stated above , and that death accurred at saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING filed \ M.D DIRECTOR PHYS. director, page Shaufd be filed ADDRESS 22c PHYSICIAN'S NAME (Type) MECHANICSVILLE. MARYLAND DAVID L. MOSSMAN M. D. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (State) 230 BURIAL, CREMATION, (County) BEMOYAL (Specify) APRIL 6.1966 ST. ALOYSIUS CEMETERY LEGNARDTOWN. MARYLAND ADDRESS 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Charles VR A15 (4) MPR 1966 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY St. Mary's the MARYLAND Marvland Pages b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Ter à write RURAL and give nearest town)
Leonard town hours 14 hrs. Rural Mechanics ville .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 6. IS RESIDENCE within 72 ON A FARM? Marv's Hospital YES NOK within etely NAME OF 3. Middle DATE Month Last 4. Oay Year DECEASED OF Dorothy Regina Pilkerton 12, 19 (Type or print) DEATH April 66 executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR #F UNDER 24 HR\$ OATE OF BIRTH 7. MARRIEO X NEVER MARRIEO last birthday) | Months | Days Hours Female 44 yrs WIDOWED DIVORCED August 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) physician n please r val, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Telephone Operator Co. U.S.A. Washington. D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph removal Pere Peter Smith Katherine Robinson 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit, 0 (Yes, no, or unkown) (If yes nive war or dates of service) cremation. 217-32-1414 Joseph R. Pilkerton, Mechanicsv 18. CAUSE DF DEATH [Enter only one cause, per line for (a), (b), and (c),] INTERVAL BETWEEN PUSET AND DEATH P PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Signed been signification of the purial, of DUE TO Conditions, if any, which (b). gave rise to Immediate OUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health PERFORMED? certificate CERTIFICATI YES NO : 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) 40 detached Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 0 21. I certify that (I) (this hospital) aftended the deceased from DIRECTOR: 66 saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATUR 22b. page M.D. PHYS DIRECTOR PHYS. HOSPITAL PAYSICIAN'S TO FUNERAL d'rector, p should be 1 FUNERAL 22d. ACCRES NAME (Type) David L. Mossman M. D echanicsville. Maryland TO h. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Md (State) 166 Trinity Memorial Charles Cardens Waldorf REGISTRAR'S 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR | 25b Mattingley, Leonardtown, VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05930 y filled in by the funeral papers. Pages 1 and 2 with a 72 hours after death. The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY ST. MARY 18 MARYLAND ST. MARY 8 MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL MECHANICS VILLE LEONARDTOWN 4 DAYS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? ST. MARY 'S HOSPITAL Rt 2 YES NO F NAME OF Middle - N Inst 4. DATE corban Month Dov Year DECEASED 5, 19 66 MARY RIDGELY ever* GERTRUDE APRIL Type or print DEATH TETINDER I YEAR SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH please remove birthdoy) Months Dovs Hours JUNE 27.1898 FEMALE WHITE WIDOWED DIVORCED in aft) physician and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME remaya signed by the attending phy burial-transit permit Then JAMES STOUTEN THOMPSON LAURA ESTELLE CHRISTMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service ö BERNARD N.RIDGELY MECHANICSVILLE, MD. RT _ 2 crematian, 18 CAUSE OF DEATH (Enter only one cause per tige for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO attending p stoting the underlying couse has been the lost 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO by the haspital ar O FUNERAL DIRECTOR: After this certificate YES ATTENDING PHYSICIAN: ğ 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B) OR CONTRIBUTING THE CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om foctory, street, office bldg etc.) Not While State | of work ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1966, that (1) (we) last Page 4 may be retained shauld saw the deceased alive an 1962, and that death accurred at M, framicauses and an the date stated above. 22o SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. poge be filed 22c. PHYSICIAN'S 22d. ADDRESS DAVID L. MOSSMAN M. D. NAME (Type) MECHANICSVILLE MARYLAND director, shauld 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BUR IAL (Specify) APRIL 8.1966 TRINITY MEMORIAL GARDENS WALDORF CHARLES Mp. 2So REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 1966 W. CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND

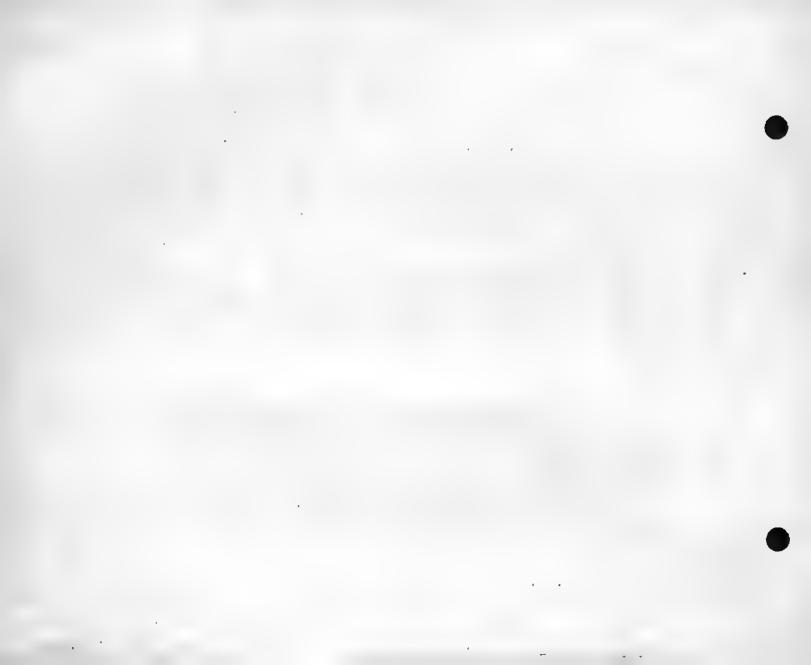
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY otetely filled in by the further further after delayers. Pages 1 and the further delayer delay b. COUNTY Maryland St. Marys St. Marys MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If cutside corporate limits, write RURAL end give nearest town) Great Mills Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 24 Rural No A St. Marva Hospital YES T executed within 3. NAME OF Middle Lest 4. DATE Month Day Year DECEASED ROBB 1966 DEATH April 18 (Type or print) CATHERINE ANN in any even 100 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED K NEVER MARRIED auq DIVORCED [2 1898 68 WIDOWED female white 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate has been signed by the attending physician hed for use as the buria-transit permit. Then please it of Health prior to burial, cremation, or removal, and it death certificate be during most of working life, even if retired) COUNTRY? USA Maryland Domestic Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James B. Goldsborough Catherine Norris 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16, SOCIAL SECURITY NO. Angue K. Robb - same as no INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a **DUE TO** dires Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. be detached for use State Dept. of Health YES . NO 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. Not While be retained by ATTENDING at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1965 to_ and that death occurred at 2.45M, from the causes and on the date stated above. saw the deceased alive on C 22b. DATE SIGNED 22a. SIGNATURE director, page 3 should be filed v ATTENDING MED. DIRECTOR PHYS. M.D. PHYS. 4 may FUNERAL 22d. ADDRESS 226. PHYSICIAN'S NAME (Type) M.D. Leonardtown. Marvland Abdussamed Samadi 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 9 Our Lady's Cemetery Leonardtown, Maryland Burial ADDRESS 24. FUNERAL DUBLATO REC'D BY REGISTRAR VR A15 (4) Leonardtown, Maryland 15M 4-64



100	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
(M	05932 CERTIFICATE OF DEATH	05929
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, be retained by the haspital or ottending physicion. SIRECTOR: After this certificate has been signed by the attending physicion one completely filled in by the funeral e 3 should be detached for use as the buriol-transit permit. Then please temore corbon papers. Pages for and edwith the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after depart.	PLACE OF DEATH a. COUNTY Saint lary's MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution R b. COUNTY Maryland b. COUNTY	
4 hours after death in by the funeral ers. Pages, and 72 hours after and	b CITY OR TOWN (If outside corporate limits, write RURAL or write RURAL and give, nearest tawn) Patukent River 8 Days c CITY OR TOWN (If outside corporate limits, write RURAL or Lowington Fark, Maryla	
uted within 24 hours aft moletely filled in by the corbon popers. Pages event, within 72 hours af	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Station Hospital, NAS, Faturent River Box 107-142 Lexington F	e IS RESIDENCE ON A FARM? K . 274 YES NO K
pletely filled in corbon poper ent, within 72	NAME OF First Middle Lost 4 DATE Month DECEASED (Type or point) Peter Thomas Ryan DEATH April	Doy Year 23 19 66
	Male Cauc WIDOWED BIVORCED April 15, 1960 lost birthdoy) Most	INDER 1 YEAR IF UNDER 24 HRS. On this Days Hours Min
cion one ease re-	uring most of working life, even if retired) INDUSTRY None Saint Mary's, Maryland	12 CITIZEN OF WHAT COUNTRY? USA
g physi Then pl moval,	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Joseph Ryan Nancy Anna Mc Laury	
ormit. or re	Nancy Anna Mc Laury S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) No Nancy Anna Mc Laury Address Address No Nancy Anna Mc Laury Address Address No Nancy Anna Mc Laury Address Address Address No Nancy Anna Mc Laury Address Address Address No Nancy Anna Mc Laury Address Address Address	as #2D
n, by the c ansit p remotio	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory Failure	ONSET AND DEATH
TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion of director, page 3 should be detached for use os the buriol-transit permit. Then please should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in	Canditions, if any, which gave nse to immediate cause (a), stating the underlying cause DUE TO Prematurity DUE TO	
th prior t	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES 4 NO
of Heol	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	T T T NO L
ite Dept	20d INJURY OCCURRED What Plant Country Manth, Day, Year Hour a.m. 19 While of work of	(Caunty) (State)
oura pe the Sto	21. I certify that (I) (this hospital) attended the deceased fram ADP 19, 19, to ADP 29, sow the deceased alive an 23 ADP 19, and that death accurred at 0019M, from causes and	
Page 4 may be retained by the haspital or offending physicion. • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre-	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	2b. DATE SIGNED
NERAL tror, pa	NAMERTY J. P. CLOHERTY LT MC USN Station Hospital, USMA	County) (Stote)
	REMOVAL (Specify) TRANSTT ALTAMONT ALTAMONT ALTAMONT ALTAMONT ANDRESS ASSETT BY PEGISTRA ASSETT ASSET	NEW YORK AR'S SIGNATURE
g.	P. B. ROBINSON - LEONARDTOWN MARYLAND PAPER 28 1966 Cla	wees Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 05933 law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH physician and completely filled in by the funeral en please remave carban papers. Pages 1 and o. COUNTY o. STATE **b** COUNTY ST. MARY'S MARYLAND MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 DAYE LEONARDTOWN RURAL CHAPTICO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? ST. MARY S HOSPITAL YES NO 3 NAME OF Middle Last 4. DATE Month Doy Year DECEASED 0F 19 66 DEATH (Type or print) WILLIAM JOHEBON SCOTT JR. APRIL IF UNDER TYEAR 1F LINDER 24 HRS 5 SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Doys Hours WIDOWED DIVORCED MALE WHITE MAY 2,1890 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remay WILLIAM J. SCOTT Rose WHEELER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address MRS PEARL RUSSELL AVENUE, MARYLAND NONE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO 7758 Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO T Page 4 may be retained by the haspital or fg 20o ACCIDENT WAS UNDERLYING . 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) ottended the deceased from. 1966 . ta saw the deceased alive an , and that death occurred at M. from causes and on the date stated above. 220. SIGNATURED 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. - 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHARLES GREENWELL M. D. LEGINARDTOWN. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) APRIL 7.1966 SACRED HEART CEMETERY Визниоор. MARYLAND 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 W. CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

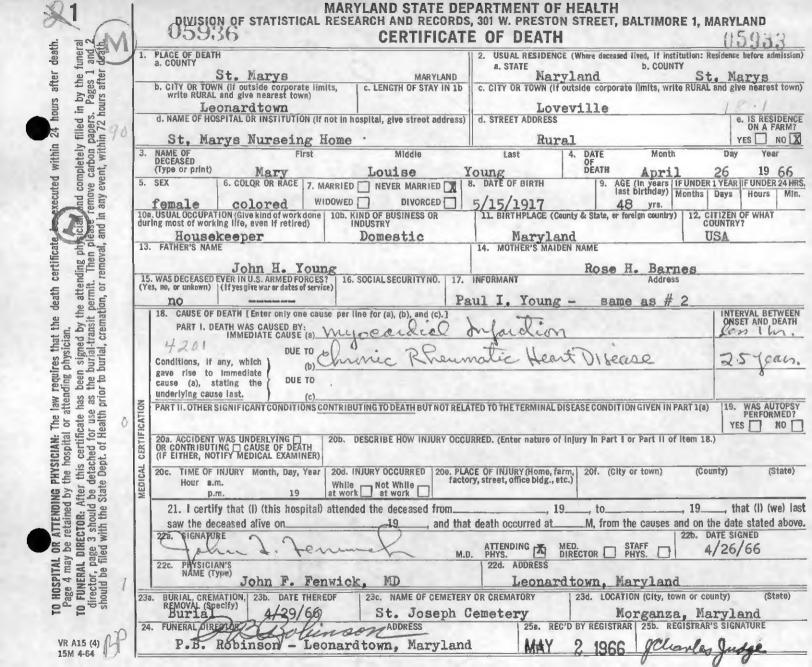
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
death.	05934 CERTIFICATE OF DEATH (1593)	į
	1. PLACE OF CEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admits a. STATE b. COUNTY	sion
ı	ST. MARY 6 MARYLAND MARYLAND MARYLAND ST. MARY 8 D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to	own
	Write Rural and give nearest town) LEONARDTOWN RURAL LEONARDTOWN	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) O. IS RESIDE ON A FAR YES NO	M?
	3. NAME OF First Middle Last J. DATE Month Day Year	
	(Type or print) JOSEPH CHARLES WATHEN GEATH APRIL 20, 19 6	6
	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years FUNOER 1 YEAR IF UNDER 24	HR: Min.
	MALE WHITE WICOWED OIVORCED OCTOBER 2, 188/ /8 yrs.	31 84 (*
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	FARMER MARYLAND U.S.A.	
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	JOHN H. WATHEN RESECCA JOY	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service)	
	NO NONE MRS VIOLET F.FLETCHER LEONARDTOWN, MARYLA	NE
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).:1 ONSET AND DEATH WAS CAUSED BY	EEN
į	PART I. DEATH WAS CAUSED BY: Warding Striking Myscardiles UNSET AND DEA	мп
ĺ	1561 OUE TO D.	
	Cenditions, if any, which (b) (Moser of Frace	
	gave rise to immediate (cause (a), stating the OUE TO	
	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOI PERFORME	PSY
	YES NO	-
The state of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
INDIAN.	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pm. 19 at work at	e)
	21. I certify that (I) (this hospital) attended the deceased from 3 // 1966, to \$ /20, 1966, that (I) (we)	Jac
	saw the deceased alive on 5/20/ 1966, and that death occurred at 4/4M, from the causes and on the date stated ab	
	22a. SIGNATURE / 22b. OATE SIGNEO	
	Charly Treemell M.O. ATTENDING ORECTOR STAFF D	
	22c. PHYSICIAN'S NAME (Type) 22d. AOORESS	
ĺ	CHARLES GREENWELL M. D. LEONARDTOWN, MARYLAND.	
	BURIAL (SEECLEY) APRIL 23, 1966 ST. ALOYS US LEONARDTOWN. MARYLAND) 1
	24. FUNERAL OIRECTOR ADDRESS 25a, REC'O BY REGISTRAR 25b, B GISTRAR'S SINATURE	
	W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND OF R 2 2 1966 Charles July	
4	1 ont	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY after St. Mary s Maryland St. Mary's MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 on papers. Pag within 72 hours 24 hours 1 hour Ξ Leonard town Morganza filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Mary's Hospital NO X YES within etely pou 3. NAME OF Middle Last 4. DATE Month Qay Year DECEASED (Type or print) Elizabeth Eleanor Yates DEATH April 19 66 executed ove o SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR || FUNDER 24 HR\$ 7. MARRIED A NEVER MARRIEO and remo last birthday) Months 1 White WIOOWEO Female OIVORCEO -August 12 Yrs. 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KINO OF BUSINESS OR = 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) COUNTRY? Housewife St. Mary's . Maryland U.S. certificate d 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending ph ermit. Then removal Benjamin Love
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Annie May Graves 16. SOCIAL SECURITYNO. 17. INFORMANT transit permit, Address death (Yes, no, or unkown) | (If yes give war or dates of service) MR STEPHEN YATES MORGANZA, MARYLAND # been signed -, the burial transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN that the ONSET AND CEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate OUE TO cause (a), stating the prior underlying cause last. hall 23 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certifillate PERFORMEO? NO T YES ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) detached for the Dept. of It be detached State Dept. MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After p.m. at work at work retained 0 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR age 3 sho iled with t saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATORE 22b. OATE SIGNED þ page ATTENDING MEO.
DIRECTOR STAFF PHYS. X M.O. 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. AODRESS director, p should be 1 NAME (TypeX Mechanicsville, Maryland Mossman. M.D. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) St. Joseph Cemetary Morganza, Meryland FUNERAL DIRECTOR **ADDRESS** 25a. REC'O BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE W. Clarke Mattingley, Leonardtown, Md. VR A15 (4) 20M 1/65

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